

CONTRACT ASSOCIATE TRAVEL AND BUSINESS EXPENSE INVOICE*When completing electronically, click on each field to be filled in.*

1. Social Security No. _____ Contract Associate's Name _____ Mail Stop _____ Phone No. _____ Mo/Day/Yr _____

2. Supplier Name _____ P.O. Number _____

3. For expenses from _____ thru _____ Total trip days _____ Personal days _____
 Note: Total of personal & business days should equal total travel days _____

4. Business Purpose _____

5. ☐ Supplemental Invoice _____ (Attach a copy of the original Travel Invoice and any other supplements.)

6. DATES									TOTALS
7. TRAVEL from									
DESTINATION(S) to									
TRANSPORTATION EXPENSES									
8. RENTAL CAR									
9. RENTAL CAR GAS									
10. PARKING									
11. TAXI/SHUTTLE/BUS/TOLLS									
12. AIR FARE									
13. OTHER TRANSPORT ▲									
14. PERS. CAR MILES/COST ▲									
15. TOTAL (8...14)									A

LODGING, MEALS, AND INCIDENTAL EXPENSES (Do not include Lodging Tax)									
16. LODGING up to 150% (Note 1)									
17. BREAKFAST									
18. LUNCH									
19. DINNER									
20. TIPS									
21. OTHER INCIDENTALS ▲									
22. TOTAL (16...21)									
23. PER DIEM									
24. LESSER OF 22 or 24									B

OTHER BUSINESS EXPENSES									
25. SAFE ARRIVAL CALL (Note 2)									
26. TUITION/CONF. REGIS.									
27. LODGING TAX									
28. MISCELLANEOUS ▲									
29. TOTAL (25...28)									C

▲ EXPLANATION OF TRAVEL AND OTHER BUSINESS EXPENSES					ANALYSIS OF BALANCE	
					D. Total Expense (A + B + C)	
					E. Plus Handling Fee	
					(Only applies to original Travel Invoice)	
					F. Invoice Amount to be Reimbursed (D + E)	

COST DISTRIBUTION				
AMOUNT	PROJ.	TASK	TRANS TYPE	ORG.

31. _____

Authorized representative of the above-named supplier designated to file this claim for payment of travel expenses incurred on behalf of Sandia National Laboratories in accordance with the above-referenced expenses.

Nonemployee Signature (in ink) _____

Date _____